

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-001664

374

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED FEB 6 1962

## 1. PLACE OF DEATH

a. COUNTY **Jackson**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Kansas City**Length of stay in 1b  
**50 Years**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Menorah Medical Center**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**c. CITY  
OR  
TOWN **Kansas City**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
**6003 Cherry Street**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
**EDWARD**

Middle

Last  
**FROST**4. DATE  
OF  
DEATHMonth  
**January** Day  
**21,** Year  
**1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**4-6-1890**9. AGE (last birthday)  
**71**IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Building Contractor**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Osage City, Kansas**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Eric Frost**

13b. MOTHER'S MAIDEN NAME

**Elsie Johnson**

14. NAME OF HUSBAND OR WIFE

**Naomi Frost**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT

Address

**Mrs. Naomi Frost, 6003 Cherry St., K.C., Mo.**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage - cause**INTERVAL BETWEEN  
ONSET AND DEATH**15 days**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)**Carcinoma of prostate**PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov 1, 1961** to **Jan 21, 1962** and last saw him alive on **Jan 20, 1962**  
Death occurred at **4:35 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Freeman Mortuary, Kansas City, Mo.****1-22-62****Ruth Long**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clayton A. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.